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AF/164

U.S. Serial No. 09/546,201

PP01463.002

PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 4/26/04.

By: *[Signature]*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of

POLO et al.

For: **ENHANCEMENT OF THE IMMUNE
RESPONSE FOR VACCINE AND GENE
THERAPY APPLICATIONS**

Serial No.: 09/546,201

Filed: April 10, 2000

Atty. Docket No.: PP01463.002 (2300-1463)

Examiner: S. Foley

Group Art Unit: 1648

Confirmation No.: 3605

RESPONSE AFTER FINAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

This is in response to the Final Office Action dated March 9, 2004, for which a response is initially due June 9, 2004. Because this response after final is submitted within 2 months after the date of mailing, **expedited procedure after final** is requested.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.



USSN: 09/546,201
Dkt. No.: PP01463.002
2300-1463

PATENT

CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

4/26/04

Date

[Signature]

Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

POLO et al.

Serial No.: 09/546,201

Filing Date: April 10, 2000

Title: ENHANCEMENT OF THE IMMUNE
RESPONSE FOR VACCINE AND GENE
THERAPY APPLICATIONS

Examiner: S. Foley

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Confirmation No.: 3605

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

Transmitted herewith for filing, please find the following documents:

x Amendment (7 pages).

x Return receipt postcard.

USSN: 09/546,201
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The fee is calculated as follows:

	NO. OF CLAIMS	CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	17	- 20	0	x \$18.00	\$0
Independent Claims	1	- 3	0	x \$86.00	\$0
Multiple dependent claims not previously presented, add \$290.00					\$0
Total Amendment Fee					\$0
Petition for Extension of Time Fee					\$0
Small Entity Reduction (if applicable)					\$0
TOTAL FEE DUE					\$0

___ A check for \$___ is attached.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 18-1648.

Respectfully submitted,

Date: 4-26-04

By: *Dahna S. Pasternak*
Dahna S. Pasternak
Registration No. 41,411
Attorney for Appellants

CHIRON CORPORATION
Intellectual Property – R440
PO Box 8097
Emeryville, CA 94662-8097
Telephone: 510-923-2969
Facsimile: 510-655-3542